

RI State Equal Opportunity Office  
222-3090 TDD: 222-3092

Rhode Island WIC Program  
Civil Rights Discrimination Complaint Form

In accordance with Federal law and U.S. Department of Agriculture policy, WIC is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you think you have been discriminated against, please complete this form and send it to:

Director  
USDA - Office of Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-8410

AND

Ann Barone, Chief  
RI Department of Health, WIC Program  
3 Capitol Hill, Room 302  
Providence, RI 02908

Or call toll free: 866-632-9992  
Spanish: 800-845-6136  
Federal Relay Service: 800-877-8339

Name of Complainant:		
Address: _____ Street / Apt #		
_____	_____	_____
City	State	Zip Code
Telephone: _____		
Alternate telephone: _____		

Person filing complaint (if different than above):		
Address: _____ Street / Apt #		
_____	_____	_____
City	State	Zip Code
Telephone: _____		
Alternate telephone: _____		

Basis for alleged discrimination – Circle all those that apply:

Race      Color      National Origin      Age      Sex      Disability

Date of discrimination: \_\_\_\_\_

Agency and Department or Program that discriminated:

Any individual if known:

Address: \_\_\_\_\_  
Street / Apt #

\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Describe in as much detail as possible, the incident which led to the filing of this complaint:  
(Attach additional pages if necessary)

List Names, titles, addresses of any person who may have knowledge of the discriminatory incident:

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_